MARYLAND STATE DEPARTMENT OF HEALTH

09717

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenarm Md
STREET ADDRESS (If rural, give location) 4307 - 51 th st.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Altorio
4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 8/5/1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) New York City N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francisco Altorio
14. MOTHER'S MAIDEN NAME Antonia Scorzzasara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Dolores Covington Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute heart failure

U22.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney M.D. Dep. Med Exam
ADDRESS Cheverly Md
DATE SIGNED Sept 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/4/52
NAME OF CEMETERY OR CREMATORY Et Lincoln
LOCATION (City, town, or county) Colmar Manor Md (State)
DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Gasch & Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

S. A. 15A

RECEIVED
SEP 5 1952
BUREAU V. S.

09718

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkland Washington 19 DC
LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 24 Maryland Ave SE Washington 19 DC

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkland, Md. Washington 19 DC
STREET ADDRESS (If rural, give location): 24 Maryland Ave S.E.

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) Mildred (Last) Avery
4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 12 1878
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thadeus Leddon
14. MOTHER'S MAIDEN NAME: Josephine Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: George F. Avery — 24 Maryland Ave Washington 19 DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Bronchopneumonia — Six days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arterio-sclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Some Paralysis following Cerebral hemorrhage About 1 yr ago.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 13, 1952, to Sept 19, 1952, that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Paul C. Van Natta (Degree or title) MD — ADDRESS: 5440 S. Ver Hill Rd SE Washington 19 DC — DATE SIGNED: Sept 19 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/22/52
NAME OF CEMETERY OR CREMATORY: J.T. Lenedon
LOCATION (City, town, or county) (State): Colman Manor

DATE REC'D BY LOCAL REG.: Sept 19-1952
REGISTRAR'S SIGNATURE: Edna F. Collins
24. FUNERAL DIRECTOR: Lee Funeral Home — ADDRESS: 300-4th N.E. Wash 2, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0719

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7201 - Princeton Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) M. (Last) Barr

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 18 - 1920
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Agent
10b. KIND OF BUSINESS OR INDUSTRY: Paper Co.
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Barr
14. MOTHER'S MAIDEN NAME: Elizabeth Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
452X Immediate cause	(a)	Medullary edema	18 hrs.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Basalar artery aneurysm	18 days
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-5-52
19b. MAJOR FINDINGS OF OPERATION: Blood in post. fossa, marked cerebellar edema
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1952, to 9-6, 1952 that I last saw the deceased alive on 9-6, 1952 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Garrett A. Swain (DEGREE OR TITLE) M.D. ADDRESS 1904 R St. N.W. Wash. D.C. DATE SIGNED 9-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): transportation
DATE THEREOF 9/6/52
NAME OF CEMETERY OR CREMATORY Holyoke
LOCATION (City, town, or county) Massachusetts (State)
DATE REC'D BY LOCAL REG. 9/6/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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SEP 8 1952
BUREAU V. S.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

09720

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2754 - 73rd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village
STREET ADDRESS (If rural, give location) 2754 - 73rd Place.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora	Edith	Blair	Sept	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	3-16-1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	at home	Washington D C	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Thomas	Mary Edna Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Edith Wagner - Daughter 4310 Chevy Chase

18. MEDICAL CERTIFICATION

8. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cent Congestive Heart Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease	
(c) Cardiovascular disease	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Malarkey M.D.	Dep. Med. Exam.	Chevy. Md.	9-22-52

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	9/24/52	Arlington National	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/52	Amanda Downey	F Brooke Dove	Hyattsville Md

RECEIVED
SEP 24 1952
BUREAU V. S.

09721

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4018 Kennedy St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4018 Kennedy Street

3. NAME OF DECEASED (Type or Print) (First) Lillard (Middle) Creston (Last) Blevins
4. DATE OF DEATH (Month) Sept (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-19-1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Govt Clerk
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Minter Blebins
14. MOTHER'S MAIDEN NAME Mary Henrietta Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Hyattsville (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-21-52 1.00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hanged self in garage of home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE John J. Mahoney M.D. Dep. (Degree or title) Md. Exam. ADDRESS Hyattsville, Md DATE SIGNED 9-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 24 1952
NAME OF CEMETERY OR CREMATORY Arlington Natl. Cem.
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Sept. 21st 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local Reg.
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2900 - 14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 24 1952
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights — LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5105 Byers Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
STREET ADDRESS (If rural, give location) 5105 Byers Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Bowers
4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 19 52
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 18 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): night watchman
10b. KIND OF BUSINESS OR INDUSTRY: laundry
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William Bowers
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 217-05-3519
17. INFORMANT AND ADDRESS: Mrs. Ella Bowers 5105 Byers St. Blvd. Hgts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

4425 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D Boyd (Degree or title) M. D. — ADDRESS: Forestville Md — DATE SIGNED: 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/29/52 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Bladensburg, Md.

DATE REC'D BY LOCAL REG. 9-29-52 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR — ADDRESS: W. S. Chambers & Son 517 11th St. N.E.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Muirkirk
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Old Baltimore Boulevard

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Charles (Last) Brannan

4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 5, 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Brannan
14. MOTHER'S MAIDEN NAME Minnie Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edward Brannan - Wash. D.C. 4454 - Charles St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med Exam - Cheverly - Maryland 9-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/13/52
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Sept 13-52
REGISTRAR'S SIGNATURE M. Beasheare
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

9-15-52 J. D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416A

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5101 St Barnabas Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
STREET ADDRESS (If rural, give location) 5101 St Barnabas Rd

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) (Last) Brooker Jr

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 27 1926
9. AGE last birthday 26 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene Brooker
14. MOTHER'S MAIDEN NAME Annie [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Marjorie Louise Brooker same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage and shock

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound in head

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Temple Hills (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 9 (Day) 28 (Year) 52 (Hour) 7:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self with 22 rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James I Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9/28/52

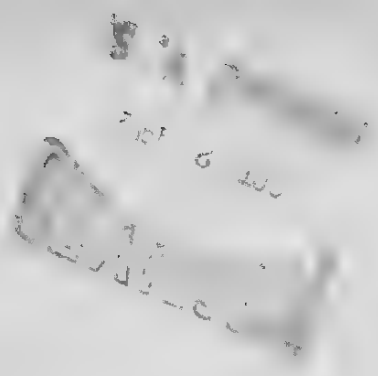
23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/1/52 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 9-29-52 REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3922 Nicholson St.

3. NAME OF DECEASED: (Type or Print) (First) Horace (Middle) D. (Last) Breece

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 6, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - General Construction
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis M. Breece
14. MOTHER'S MAIDEN NAME: ? Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Ada L. Stebbing Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 180X

Immediate cause (a) Hypernephroma, with diffuse metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos. +

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1952, to Sept 26, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 11 am m., from the causes and on the date stated above.

SIGNATURE Irwin M. Grossgreen, M.D. (DEGREE OR TITLE) ADDRESS Mt. Rainier Md. DATE SIGNED 9-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct. 3, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 9-27-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers - Riverdale Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
SEP 30 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45.15M

1. PLACE OF DEATH:
County: Prince Georges
City or town: Chapel Oaks
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yr
Hospital, Institution, or street address where death occurred: 5403 Addison Chapel Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Maryland County: Prince Georges
City or town: Chapel Oaks
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5403 Addison Chapel Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Leola Hawthorne Brown

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	married

6.(b) Name of husband or wife: James Brown
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan. 1, 1910

8. AGE: Years: 42 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Missouri (Town, county, and state)
10. Usual occupation: Waitress
11. Industry or business: Club

MOTHER FATHER
12. Name: [illegible]
13. Birthplace
14. Maiden name: Eliza ?
15. Birthplace

16. Informant: James Brown
Address: 5403 Addison Chapel Road
17. Buried (Burial, cremation, or removal. Which?) Date thereof: 9 15 52 (month) (day) (year)
Cemetery or crematory: Lincoln Memorial Cem.
Location: Suitland Md.
18. Funeral director: Henry S. Washington & Sons
Address: 467 "N" St N.W. D.C.
19. Sept. 10 1952 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 10 1952 at 4:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to 9-10-1952 and that I last saw h[illegible] alive on 9-10-52 1952

Immediate cause of death	DURATION
Metastatic Carcinoma	
Due to: Carcinoma of Uterus	
Due to:	
Other conditions: 174x (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis Robinson, M.D. M. D. or other
Address: 1001 Eastern Ave. Date signed: 9-10-52

SEP 15
BUREA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3812-37 Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3812 - 37 Place

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Taylor (Last) Bullion
4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: July 8, 1858
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philander Taylor
14. MOTHER'S MAIDEN NAME: Harriet Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Bessie B. Reynolds Brentwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4500

Immediate cause (a) Cardiac Failure
DUE TO
Antecedent cause(s) (b) Generalized Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause, stating underlying cause last
DUE TO
(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Feb., 1950, to 21 Sept., 1952, that I last saw the deceased alive on 27 Sept., 1952, and that death occurred at 1.30 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Dalmas Md Hyattsville Md

23. BURIAL, CREMATION REMOVAL (Specify): transportation
DATE THEREOF 7/28/52
NAME OF CEMETERY OR CREMATORY St Edward
LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. 9-27-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaschsson Hyattsville Md ADDRESS
9-30-52 James Severy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

OCT 1 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 Thurman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampshire Knolls - Hyattsville
STREET ADDRESS (If rural, give location) 801 Thurman Ave

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) (Last) Caputo

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing. — 8. DATE OF BIRTH: 11-23-48 — 9. AGE last birthday: 3 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Caputo — 14. MOTHER'S MAIDEN NAME: Martha Schuler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1/2.4 Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull & pelvis, crushed chest.

(c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dislocated cervical vertebra

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Hampshire Knolls — (COUNTY) Pr. Geo. — (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 9-25-52 A. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Pedestrian. Struck by automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. — Cheverly Md — 9-25-52

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 27 Sept 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 9/26/52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: G. Arthur Walton — ADDRESS: N.W. Washington, D.C.

9/27/52 James Sevoy

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Eugene Leland Memorial Hospital
Prince George COUNTY Riverdale, MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
Brooklyn Bridge Road, Laurel, STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Riverdale, Maryland.

3. NAME OF DECEASED: (First) Cyrus (Middle) Fields (Last) Clarke
4. DATE OF DEATH: (Month) (Day) (Year) September 8, 1952
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: September 29, 1873
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 11, Days 8. IF UNDER 24 HRS: Hours –, Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Trainer
10b. KIND OF BUSINESS OR INDUSTRY: Jockey
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: Mr. John T. Clarke
14. MOTHER'S MAIDEN NAME: Mary Ann Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Brother: Laurel, Maryland Mr. John T. Clarke, Brooklyn Bridge Road,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebral hemorrhage,	9 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) General arterio sclerosis	6 yrs
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1952, to Sept 8 1952 that I last saw the deceased alive on Sept 8, 1952, and that death occurred at 1 20 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
L O Mulen MD Riverdale, Md 9-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 11, 1952
NAME OF CEMETERY OR CREMATORY Lindale Memorial Park
LOCATION (City, town, or county) (State) Linden, New Jersey
DATE REC'D BY LOCAL REG. Sept 12-52
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR ADDRESS
Ide Watts Donaldson, Laurel, Md

VS ATB 8-51

SEP 15 195?
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural, give location) 3900 Hamilton St. apt H3

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Douglas (Last) Coates

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1952

5. SEX: M
6. COLOR OR RACE: U
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Mar 5, 1917
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Biscuit
11. BIRTHPLACE (State or foreign country): Hyattsville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hans Coates
14. MOTHER'S MAIDEN NAME: Ellen J Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1941-1945
16. SOCIAL SECURITY No.: 213-01-3552
17. INFORMANT & ADDRESS: Mrs Helen Coates - Add Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute Coronary Thrombosis	30 min
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic Heart Dis.	3 mo.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to ....., 19....., that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE L W Malin (DEGREE OR TITLE) MD ADDRESS Riverdale Md DATE SIGNED 9-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/3/52
NAME OF CEMETERY OR ~~CREMATORY~~ Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Sept 2, 1952
REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy Local
24. FUNERAL DIRECTOR F Gascha Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every ... of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1

Dr James Maloney - County medical examiner notified. L W Malin notd

BUREAU V. S.
4 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3518 Quesada N.W.

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) W. (Last) CONDIT
4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 9-7-1883
9. AGE last birthday 69 If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Willoughby Reid Condit
14. MOTHER'S MAIDEN NAME Margaret Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS (Son) James W. Condit, Squantum Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myocarditis	Many Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Endocarditis	" "
(c)	Cerebral Thrombosis	12 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — Many Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1952, to 9-15, 1952, that I last saw the deceased alive on 9-15, 1952, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE James P. Lands. (Degree or title) M.D. ADDRESS Laurel Sanitarium, Laurel, Maryland. DATE SIGNED 9-15-52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF Sept 18-52
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. Sept 15-52
REGISTRAR'S SIGNATURE M. V. Brashears
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

SEP 16 1952

Item 9 Film G146 9/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 340

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Livingston Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5114 - Jay St NE

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) Julian (Last) Cook
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1952
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/22/1908
9. AGE last birthday 43 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Merchandising
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Cook
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mamie Cook - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compression of spinal cord

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture and dislocation of 4th and 5th cervical vertebrae

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Livingston Road (CITY OR TOWN) Oxon Hill (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 9 (Day) 7 (Year) 52 (Hour) 8:20 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Passenger in auto that turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 9/7/52 NAME OF CEMETERY OR CREMATORY Washington Funeral Co LOCATION (City, town, or county) Washington (State)

DATE REC'D BY LOCAL REG. 9-7-52 REGISTRAR'S SIGNATURE Amanda Downey Marie F. Campbell
24. FUNERAL DIRECTOR E. Gasche Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Townshend
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 31 Rennell Street

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) Flanagan (Last) Craig
4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/26/01
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Naval Air Station
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Craig
14. MOTHER'S MAIDEN NAME Ella Ballard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Horace Craig, Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route # 301 (CITY OR TOWN) Townshend (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 12 (Year) 52 (Hour) 2:00 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver of a car that turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/12/52

23. ~~BURIAL, CREMATION REMOVAL (Specify)~~ DATE THEREOF Sept 13-52 ~~NAME OF CEMETERY OR~~ CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 9-13-52 REGISTRAR'S SIGNATURE M. L. Monroe
9-16-52 F. H. Bellingsley
24. FUNERAL DIRECTOR Hunt H. Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ammendale (Beltsville) — LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ammendale Normal Institute

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammendale
STREET ADDRESS (If rural, give location) Rural Beltsville P.O.

3. NAME OF DECEASED: (Type or Print) (First) BROTHER (Middle) M. (Last) CYRIL

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 10th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 12/1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Religious Order

11. BIRTHPLACE (State or foreign country): Montreal, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Reynolds

14. MOTHER'S MAIDEN NAME: Margaret Kenny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Brother James, Director, Ammendale Normal Inst.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

610X

Immediate cause (a) Myocardial failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis, Generalized — DUE TO (c) Hypertrophic Prostate Obstructed

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 yrs. (b) 10 yrs. (c) 17 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy, Post-Op. — 2 Mos.

19a. DATE OF OPERATION: July 3 1952

19b. MAJOR FINDINGS OF OPERATION: Hypertropic Prostate With Obstruction

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/1940 to 9/11/1952 that I last saw the deceased alive on 9/10/1952 and that death occurred at 4:25 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J. M. Warren MD Laurel 9/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9/13/52 — NAME OF CEMETERY OR CREMATORY: Ammendale Normal Inst. — LOCATION (City, town, or county) (State): Ammendale, Beltsville, Md

DATE REC'D BY LOCAL REG. September 12-1952 — REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md

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BUREA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 3425 Eastern Ave., N.E.

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) Davis

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 8, 1952

9. AGE last birthday ✓ yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 2, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Maynard Davis

14. MOTHER'S MAIDEN NAME: Elsie Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

761.5 Immediate cause (a) Fetal Cause — Prematurity, Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Maternal Cause — Placenta Praevia C

DUE TO

(c) Caesarean Section.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE: John L. Haught (DEGREE OR TITLE) M.D. ADDRESS 3706 R.I. Ave. Hyattsville, Md. DATE SIGNED 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 9/16/52 — NAME OF CEMETERY OR CREMATORY: Prince George's Memorial Park — LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REG. 9/20/52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry W. Penn Jr. Haught — ADDRESS

2-922-5 11

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SEP 23 1952
BUREAU V[illegible] S[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Fr. Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Amos (Last) Davis

4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 4, 1880

9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Dealer

10b. KIND OF BUSINESS OR INDUSTRY Self-Employed

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Davis

14. MOTHER'S MAIDEN NAME Burnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. [illegible] Davis Bran[illegible], Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

7829 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Collagen Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1957, to Sept 22, 1952, that I last saw the deceased alive on Sept 22, 1952, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE George [illegible] Rector (Degree or title) MD ADDRESS Aquasco, Md. DATE SIGNED Sept 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9/25/52

NAME OF CEMETERY OR CREMATORY St. Paul's Episcopal

LOCATION (City, town, or county) Baden (State) Md.

DATE REC'D BY LOCAL REG. Sept 24 1952

REGISTRAR'S SIGNATURE John F. Danner.

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

3394

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tuxedo
LENGTH OF STAY (in this place): 12 yEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2504 57th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tuxedo
STREET ADDRESS (If rural, give location): 2504 57th Ave

3. NAME OF DECEASED (Type or Print): (First) IRVING (Middle) SHERMAN (Last) DIVEN

4. DATE OF DEATH: (Month) SepT (Day) 14 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 29 1897

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LAUREL MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM T. S. DIVEN

14. MOTHER'S MAIDEN NAME: EDITH MAE McABEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-05-4810

17. INFORMANT: WIFE MRS MARY DIVEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) METASTATIC CARCINOMA TOSIS TO BRAIN — Interval Between Onset and Death: 3 MOS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BRONCHOGENIC CARCINOMA — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1952, to 9/14, 1952, that I last saw the deceased alive on 8/11, 1952, and that death occurred at 5:20 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norman Donat Comeau — ADDRESS: 3303 Perry St. Mt Rainier Md. — DATE SIGNED: 9/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/17/52 — NAME OF CEMETERY OR CREMATORY: Georgewashington — LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG: 9/16/52 — REGISTRAR'S SIGNATURE: Amanda Dacney

24. FUNERAL DIRECTOR — ADDRESS: F Grasha sons Hyattsville Md

VS. A15

RECEIVED
SEP 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2812 Norfolk Avenue

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Dopkin
4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, p952 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 4, 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broaker
10b. KIND OF BUSINESS OR INDUSTRY Food
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Dopkin
14. MOTHER'S MAIDEN NAME Lena Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-20-0577
17. INFORMANT AND ADDRESS Wife .Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart Failure .

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion.

(c) Cardiovascular renal disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney, M.D. (Degree or title) ADDRESS Deputy Medical Examiner, Hyattsville, Md. DATE SIGNED 9-16-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] BURIAL
DATE THEREOF 9/18/52
NAME OF CEMETERY OR CREMATORY SHAAREI ZION
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/17/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Sol. Levinson & Bros. ADDRESS 1124-26 W. North Avenue

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
STREET ADDRESS (If rural, give location) 4701 Longfellow St

3. NAME OF DECEASED: (First) Burton (Middle) Bright (Last) Dowden

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 20 1874

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sign Painter

10b. KIND OF BUSINESS OR INDUSTRY: Commercial Sign company

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Day Dowden

14. MOTHER'S MAIDEN NAME: Margaret Aaron Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes ?

17. INFORMANT & ADDRESS: Catherine K Dowden Riverdale

18. MEDICAL CERTIFICATION 4701 Longfellow St

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) General arteriosclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15 1950, to Sept 16 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Leo Mahn MD — ADDRESS Riverdale — DATE SIGNED 9-17-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: Sept. 19/1952

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Pr. Geo. Md

DATE REC'D BY LOCAL REG.: Sept 17, 1952

REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co — Riverdale Md

RECEIVED
SEP 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Street in front of 2418 Fordham Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 7608 - 25th Ave

3. NAME OF DECEASED (Type or Print) (First) Jeffrey (Middle) Dean (Last) Dryer

4. DATE OF DEATH (Month) Sept. (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-26-50
9. AGE last birthday 2 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard S. Dryer
14. MOTHER'S MAIDEN NAME Darline Volk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Masey Volk - 1604 Drexel St Takoma Park

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration of brain

(c) Compound, comminuted fracture of skull

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Hyattsville (COUNTY) Prince Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-4-52 5.15 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? While playing on street was struck by an auto truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly - Md DATE SIGNED 9-4-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-5-52
NAME OF CEMETERY OR CREMATORY King David Mem. Garden
LOCATION (City, town, or county) Falls Church, Va (State)

DATE REC'D BY LOCAL REG. 9-4-52
REGISTRAR'S SIGNATURE [illegible]
9-6-52 James Sevens
24. FUNERAL DIRECTOR B. Dangerfield & Son Wash. DC
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIA

SEP 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Rainier — LENGTH OF STAY (in this place): 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3721 - 36th St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 3721 - 36th St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sarah Federline
4. DATE OF DEATH (Month) (Day) (Year): Sept 15 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5/26/1871
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Federline
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: W. Elizabeth [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 3 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Generalized Arteriosclerosis — 1 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

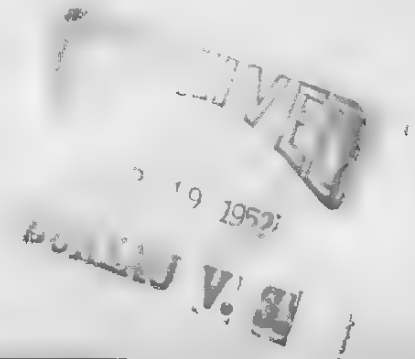
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1955, to 1952, 19....., that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 10:30a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller MD. — ADDRESS: Mt. Rainier — DATE SIGNED: Sept 15 1952

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 1/15/52 — NAME OF CEMETERY OR CREMATORY: St. John's — LOCATION (City, town, or county) (State): Forest Glen, Md.

DATE REC'D BY LOCAL REG.: Sept 17, 1912 — REGISTRAR'S SIGNATURE: James Devey — 24. FUNERAL DIRECTOR: Nelly's Funeral Home — ADDRESS: 3200 - R. I. Ave. Mt Rainier, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

234

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Xavier (Last) Feifel
4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH 7/8/87
9. AGE Last birthday 65 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler - Executive
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Maria Heitz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Katherine Feifel, Accokeek, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11 12X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Boyd M.D. Forestville Md. 9/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 3 1952
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS

9-3-52 Howard Beall

VS. A16A

RECEIVED
DATE 2 1952
BUREAU V. S.
COPY SENT TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Manor.
STREET ADDRESS (If rural, give location) 3402 - 63rd Place.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) M (Last) Feil

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-16-1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Sassman

14. MOTHER'S MAIDEN NAME: [illegible] Foark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. John C. Stagell (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diabetic Acidosis — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Diabetes Mellitus — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 19 48, to 13 Sept., 19 52, that I last saw the deceased alive on 11 Sept., 19 52, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE John F. Brennan Jr. (DEGREE OR TITLE) M.D. ADDRESS 1704 Michigan Ave. N.E. Wash. 17, D.C. DATE SIGNED 9/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 9/14/1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county), (State) Columbus, Ohio

DATE REC'D BY LOCAL REG. 9-13-52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Hatley's Funeral Home ADDRESS 3200 Rhode Island Ave. Mt. Rainier, Md.

RECEIVED
SEP 16 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park Md
STREET ADDRESS (If rural, give location) 4211 Underwood St.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) A (Last) Fischer
4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 11, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Goodman Co. Mfg.
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Fischer
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Marie Fischer - 4211 Underwood St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma - Ca of bladder.	3 yrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE Ernest A. Dargo MD (DEGREE OR TITLE) ADDRESS 7006 New Hampshire Ave Takoma Park, Md DATE SIGNED 9/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF Sept 13-52 NAME OF CEMETERY OR CREMATORY S H H Funeral Home LOCATION (City, town, or county) (State) Crystal

DATE REC'D BY LOCAL REG. Sept 13, 1952 REGISTRAR'S SIGNATURE James Tevey 24. FUNERAL DIRECTOR The S H Hess Co. ADDRESS 2901 - 14th St. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 245 8-51

Dr. John Maloney notified as to death. Dr nyle Mason on vacation - has been treating deceased for Ca of Bladder & metastes. Deceased was dead - on arrival

Ernest A. Donald MD.

9/13/52.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural, give location) 5113 — V. St. S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Clayton	Fogg	9-21- 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	7-18-17	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Test Engineer	Eng Research Corp	Hampton, N.J.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William M. Fogg	Jane C. Fife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give WAR or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
World War II	578-16-1968	Father - Masonville, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest & multiple lacerations

(c) Airplane crash

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sandy field. (CITY OR TOWN) Riverdale (COUNTY) P. Geo. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-21-52 2:25 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Airplane crash - to ground.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Malone M.D. Dep. Med. Exam. — Cheverly — Hyattsville, Md — 9-21-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/24/52	Arlington National	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Sept 23, 1952	James L. Deville	F. Beeche and Hyattsville Md

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A154

1. PLACE OF DEATH: COUNTY Prince Georges, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts.; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5800 L St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights; STREET ADDRESS (If rural, give location) 5800 L St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Coleman (Last) Francis

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-4-73

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Culpeper Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Coleman

14. MOTHER'S MAIDEN NAME: Rose Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rose Robinson. 5800 L St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c) Diabetes Mellitus & Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Sept., 1952, that I last saw the deceased alive on 8-31, 1952, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 1001 Eastern Ave. N.E. DATE SIGNED: 9-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-4-1952

NAME OF CEMETERY OR CREMATORY: Harmony Cemetery

LOCATION (City, town, or county) (State): Nash., D.C.

DATE REC'D BY LOCAL REG.: Sept. 3, 1952

REGISTRAR'S SIGNATURE: Carrie T. Campbell

24. FUNERAL DIRECTOR: J. T. Stewart ADDRESS: 30-H St. N.E.

SEP 8 1952
BUNAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 2 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2628 - Kirkwood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2628 - Kirkwood Drive

3. NAME OF DECEASED (Type or Print): (First) Kirk (Middle) William (Last) Fries
4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 4, 1952
9. AGE last birthday: yrs. 11 mos 2 | If under 1 year: Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Fries
14. MOTHER'S MAIDEN NAME: Wanda Jane Barton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Not
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Father - Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep Md Exam. Cheverly Md Sept 26, 1952

BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 27 Sept 52 | NAME OF CEMETERY OR CREMATORY: Edmonston Cemetery | LOCATION (City, town, or county) (State): Edmonston Md

DATE REC'D BY LOCAL REG. Sept 27, 1952 | REGISTRAR'S SIGNATURE: James Devlin | 24. FUNERAL DIRECTOR: E. Hamilton | ADDRESS: Hyattsville, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 9-19/9-20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spalding Hgts
STREET ADDRESS (If rural, give location) 6107 Place (Dist. 14)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Matthias (Last) Gilliam

4. DATE OF DEATH: (Month) 9 (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 4-19-76

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Son- Francis A. Gilliam

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Myocardial infarct — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease. — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 day

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, bedsores, mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 19.., to Sept 20, 19.., that I last saw the deceased alive on Sept 20, 19.., and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Francis A. Gossgreen M.D. 2503 Queens Chapel Rd. Mt Rainier Md 9-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-24-52 — NAME OF CEMETERY OR CREMATORY Mt Calvary — LOCATION (City, town, or county) Forestville (State) Md

DATE REC'D BY LOCAL REG. 9-21-52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS 517-11th St. S.E. Wash. D.C.

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
STREET ADDRESS (If rural, give location) 6900 - George Palmer Highway

3. NAME OF DECEASED (Type or Print) (First) James (Middle) C (Last) Hall
4. DATE OF DEATH (Month) Sept (Day) 14 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sing
8. DATE OF BIRTH Aug. 28. 1952
9. AGE last birthday 3 wks. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME Herman M. Hall
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

754.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital heart disease

(c) Aortic Stenosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Malone Jr. D. Dep. Med. Exam. (Degree or title) ADDRESS Hyattsville, Md. DATE SIGNED 9-14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 15, 1952
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 9-14-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm Lees Sons Co. ADDRESS 300 - 4th St. N.E. Wash. D.

9V 4 9 1 / 99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3592

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights | LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back of Wilsons Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 513 - Addison Road

3. NAME OF DECEASED (Type or Print) (First) Roger (Middle) James (Last) Hall
4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-13-18
9. AGE last birthday 34 yrs. If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Halls, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John A. Hall
14. MOTHER'S MAIDEN NAME Nora C. Bromley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-07-5357
17. INFORMANT AND ADDRESS Norris N. Hall 6414 - B Street - Mid Parkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

476X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of head

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at place of death | (CITY OR TOWN) Capitol Heights (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) 9 (Day) 15 (Year) 52 (Hour) 8:15 P | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Shot self with revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9-15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/18/52 | NAME OF CEMETERY OR CREMATORY Mt Oaks | LOCATION (City, town, or county) Mitchellsville Md (State)

DATE REC'D BY LOCAL REG. 9/17/52 | REGISTRAR'S SIGNATURE Amanda Downey + Carrie F. Campbell | 24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md ADDRESS

S... E: Film G147 10-3-52 L
Item 8 Fil G147
10/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville, Maryland
STREET ADDRESS (If rural, give location) 5200 Keneson Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) HANNEN (Last) [illegible]
4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 3, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Works at Smithsonian Institute
10b. KIND OF BUSINESS OR INDUSTRY: Govt
11. BIRTHPLACE (State or foreign country): Iowa USA
12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME: James R [illegible] HANNEN
14. MOTHER'S MAIDEN NAME: Sarah C. Coder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 5200 Keneson Ave Mrs Iva Hannon-wife Branchville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 173x
Immediate cause (a) Glioblastoma Multiforme Left Temporal Lobe — Interval Between Onset and Death: 4 mos
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/31/52
19b. MAJOR FINDINGS OF OPERATION: Cystic mass left temporal area very probably glioblastoma multiforme
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1952 to 9-13, 1952, that I last saw the deceased alive on 9-13, 1952, and that death occurred at 6:58 P.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Clarence Donat Comeau 3303 Perry St. Mt. Rainier Md. 9/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/17/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REG. 9/15/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Z Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 16 1992
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4701 Calvert Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4701 - Calvert Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) K (Last) Harlow
4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-29-1878
9. AGE last birthday 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int Rev. Agent
10b. KIND OF BUSINESS OR INDUSTRY Govt.
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael B. Harlow
14. MOTHER'S MAIDEN NAME Helen McCracken
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Conard - Cambridge, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thr Cor — 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1952, to 9/9, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12 Sept 1952
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. Sept 10, 1952
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 15 195?
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ritchie
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7147 White House Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ritchie
STREET ADDRESS (If rural, give location) 7147 White House Road

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Harper
4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-20-23
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Meredith Gillum
14. MOTHER'S MAIDEN NAME Louise E. Harper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ruth Ford, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/13/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Wash. D.C. (State)
DATE REC'D BY LOCAL REG. 9/13/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H. S. Washington + Sons ADDRESS 467 N St. NW Wash. D.C.

9/17/52 John F Danner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16A

SEP 19

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Hghts
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Hghts
STREET ADDRESS (If rural, give location) 4900 Byers Street

3. NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) ESTELLE (Last) HARTMAN
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan-7-1910
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Burkeville Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William T. Hubbard
14. MOTHER'S MAIDEN NAME Murlie E. Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Maurice Hartman 4900 Byers St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized carcinomatosis	1 year
171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of cervix	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION Feb 1951
19b. MAJOR FINDINGS OF OPERATION Far advanced carcinoma of cervix
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Sept 3, 1952, that I last saw the deceased alive on 8/30, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE William B. Yowell M.D. (Degree or title) ADDRESS 4400 Bowe Rd, SE DATE SIGNED 9/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 5-1952
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Sept. 3-1952
REGISTRAR'S SIGNATURE Howard I Beall
24. FUNERAL DIRECTOR Simmons Mrs. ADDRESS 2007 Nichols Ave SE Washington D.C.

LOCAL REGISTRAR No.____DATE____

RECEIVED
SEP 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly — LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural, give location) 521-24 Rhode Island N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Haynes

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-30-20

9. AGE: Last birthday 32 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): S Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Haynes

14. MOTHER'S MAIDEN NAME: Alice Pugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 248-30-0404

17. INFORMANT AND ADDRESS: Sottie Mae Moss - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock — 3 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured pelvis with rupture of bladder. — "

(c) Fracture of right humerus. — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Street — (CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-2-52 6:00 p.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Ditch cave in.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. — Hyattsville, Md — 9-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 9/3/52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Washington, DC.

DATE REC'D BY LOCAL REG. 9/3/52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: Perdew Fun. Home, Wash. D.C.

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51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.	STREET ADDRESS (If rural, give location) 4411 Beechwood Road

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Elmira (Last) Hintz			4. DATE OF DEATH (Month) Sept. (Day) 1 (Year) 19	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 7/7/75	9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George C Wilson		14. MOTHER'S MAIDEN NAME Amanda Knoll		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. —	17. INFORMANT AND ADDRESS Hospital Records Cheverly Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforation of Gall Bladder

(c) Cerebral Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-29-52	19b. MAJOR FINDINGS OF OPERATION Perforation of Gall Bladder	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Hyattsville (COUNTY) Md (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1951, to 9-1, 1952, that I last saw the deceased alive on 9-1, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert W. D. ADDRESS Hyattsville, Md DATE SIGNED 9-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5 Sept 1952	NAME OF CEMETERY OR CREMATORY Charles Evans Cemetery	LOCATION (City, town, or county) Berks Co., Reading Pa. (State)
DATE REC'D BY LOCAL REG. 1 Sept 1952	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gasch's Sons, Hyattsville, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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RECEIVED
SEP 5 1972
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Lycoming
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 25 Brampton Blvd. X

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Bessie (Last) Janet
4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1952
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-17-90
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel Joseph Lapsovitz
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	8 hrs
194X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ca. of L. Lung + neck	5 months
	(c) Ca. of Thyroid	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION April 9-52
19b. MAJOR FINDINGS OF OPERATION Ca. of Thyroid - neck - Lymph
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-22, 1951, to Sept. 6, 1952, that I last saw the deceased alive on Sept. 4, 1952 and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE Paul Ernst (Degree or title) MD ADDRESS 4847 [illegible] DATE SIGNED 9-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 7, 1952
NAME OF CEMETERY OR CREMATORY King David Mem. Cemetery
LOCATION (City, town, or county) Falls Church, Va (State)
DATE REC'D BY LOCAL REG. Sept. 6 1952
REGISTRAR'S SIGNATURE James Severs
24. FUNERAL DIRECTOR B. Danjansky & Son Wash. D.C. ADDRESS

RECEIVED
SEP 8 1952
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9/6 - 9/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
STREET ADDRESS (If rural, give location) 5408 21st Place

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) THOMAS (Last) Johnson

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 4-26-81
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Food Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Caterer
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK THOMAS JOHNSON
14. MOTHER'S MAIDEN NAME: EMMA STRANGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: MRS. THETIS O. JOHNSON - 5408-21st PLACE AVONDALE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Auricular Fibrillation. Cardiomegaly
DUE TO
Antecedent cause(s) (b) Congestion of lungs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis, bilateral, severe

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 6, 1952, to Sep 12, 1952, that I last saw the deceased alive on Sep 12, 1952, and that death occurred at 1 m., from the causes and on the date stated above.

SIGNATURE Samuel J N Sugar (DEGREE OR TITLE) MD ADDRESS 4300 Raymond Drive Mt Rainier, Md DATE SIGNED 9/12/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 9/15/1952
NAME OF CEMETERY OR CREMATORY Washington Nat'l Cem.
LOCATION (City, town, or county) Suitland, Pr. Geo. (State) MD

DATE REC'D BY LOCAL REG. 9/13/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 5801 Cleveland Ave Riverdale, Md.

VS. AIR 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 16
BUREAU V. S.

3256

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE L[illegible]rland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 28 Lee Ave.

3. NAME OF DECEASED (Type or Print): (First) Sidney (Middle) Edward (Last) Johnson
4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 5/3/51
9. AGE last birthday: 1 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Newport, R. I.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: H[illegible]ry Johnson
14. MOTHER'S MAIDEN NAME: M[illegible]tilda L[illegible]rusen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Roderick Moss, 1300 Jonell St N. W. D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) He[illegible]rha[illegible]e nd shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest and abdomen

(c) Fracture of the b[illegible]se of the skull

959.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

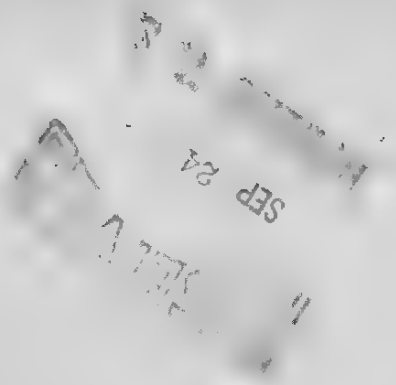
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301 | (CITY OR TOWN) Mitchellville | (COUNTY) P. G. | (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9/ 8/52 12:40A | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fixed object Driver of a car that struck a /

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James J. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/9/52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 11 Sept 1952 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince George Co., Md.
DATE REC'D BY LOCAL REG. 9/9/52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Warner E. Pumphrey Inc. | ADDRESS 8434 Ga Ave. S S Md.

9-20-52 Mrs. Agnes M. Yingling



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Beltsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) E. (Last) JONES

4. DATE OF DEATH: (Month) SEPT (Day) 26, (Year) 1952.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: FEB 26, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BELTSVILLE,

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: HENRY C. JONES

14. MOTHER'S MAIDEN NAME: ELIZABETH SIMMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NU (If Yes, give war or dates of service) NU

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: DR N.B. STEWARD, LAUREL, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X
Immediate cause (a) Secondary anemia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Kidney, Gastric DUE TO

(c) Carcinoma.

Interval Between Onset And Death
(a) 2wks
(b) 4 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1952, to 9/26, 1952, that I last saw the deceased alive on 9/26, 1952, and that death occurred at 10.55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Steward M.D. ADDRESS 314 Compton Ave Laurel DATE SIGNED 9/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 29, 1952 | NAME OF CEMETERY OR CREMATORY St Johns Episcopal Cem | LOCATION (City, town, or county) (State) Beltsville, Prince Geo Co. Md.

DATE REC'D BY LOCAL REGISTRAR 9-27-52 | REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR Arthur L. Walters ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

VS. A15

RECEIVED
SEP 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7004 Gregg Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 7004 Gregg Street

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Edward (Last) Kennedy

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Aug 29, 1952 | 9. AGE last birthday yrs. | If under 1 year Months Days 8 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edmund Kennedy | 14. MOTHER'S MAIDEN NAME Bonnie Hallman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mrs E Kennedy, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James W Boyd (Degree or title) M.D. | ADDRESS Forestville Md | DATE SIGNED 9/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/6/52 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 9/6/52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Francis Collins | ADDRESS 3821-14th St. N.W. Wash. D.C.

4V 27 [illegible] Harrie F. Campbell.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly - LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3924 Ogle Thorpe St

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) JEROME (Last) Kennedy -

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: NOV. 14-1902

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker

10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED

11. BIRTHPLACE (State or foreign country): No. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FILAS J. KENNEDY

14. MOTHER'S MAIDEN NAME: FLORENCE SPEARS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: THOMAS J. KENNEDY, JR 2405 ARUNDEL ROAD MT. RAINIER, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 581.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Congestion & Edema, Anoxia	2 1/2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Atrophic Portal Cirrhosis	16 months
DUE TO		
	(c) Bleeding Esophageal Varices	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 9/14, 1952, that I last saw the deceased alive on 9/14/52, 19....., and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Gordon W. Kelley, M.D. 6124 41st Ave, Hyatts. Md

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 9/17/1952

NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY

LOCATION (City, town, or county) (State) COLMAR MANOR, PR. GEO. MD.

DATE REC'D BY LOCAL REG. 9-15-52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. CHAMBERS CO - RIVERDALE, MD ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

SEP 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant — LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6608 - Gregg St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
STREET ADDRESS (If rural, give location): 6608 - Gregg St

3. NAME OF DECEASED (Type or Print): (First) Pearley (Middle) Dolton (Last) Langley
4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 1, 1906
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ossie Langley
14. MOTHER'S MAIDEN NAME: Ella May Booth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Ill Korea
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Lola C Langley, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE: James T. Boyd (Degree or title) M.D. — ADDRESS: Forestville Md — DATE SIGNED: 9/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/29/52 — NAME OF CEMETERY OR CREMATORY: National — LOCATION (City, town, or county) (State): Fort Leavenworth Kansas

DATE REC'D BY LOCAL REG.: 9-26-52 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 517 11th St S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 336 Laurel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 336 Laurel Avenue

3. NAME OF DECEASED (Type or Print): (First) Harman (Middle) Scott (Last) Lamey

4. DATE OF DEATH: (Month) (Day) (Year) September 6 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 10 1880

9. AGE last birthday: 72 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Marganneville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Buchanan Lamey

14. MOTHER'S MAIDEN NAME: Lydia Whitaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No. 218-24-6663

17. INFORMANT AND ADDRESS: Mrs Margaret Lamey, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lungs

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary anemia

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1952, to 9/6, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W B Hamed ADDRESS 314 Cyprus Laurel Md DATE SIGNED 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 9 1952

NAME OF CEMETERY OR CREMATORY Prince Lincoln Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Sept 9-52

REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR ADDRESS W. W. Waters Laurel Md

SEP 11 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place) 2 1/2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3910 Oliver Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural, give location) 3910 Oliver St.

3. NAME OF DECEASED (Type or Print): (First) Stuart (Middle) Daniel (Last) McCabe
4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: May 29/1882
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Mk.
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: JAMES Mc CABE
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MARY A. Mc CABE - 3910 Oliver St. HYATTSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset and Death: 5 days

Antecedent cause(s) 332x
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized arteriosclerosis — Years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (a) Inanition (b) Chronic arthritis, dorsal-lumbar spine — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13, 1944, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace R. Mook M.D. 7701 Carroll Ave. Takoma Pk. Md 9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Sept. 10 1952 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Sept 8, 1952 — REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS Riverdale Md

SEP 8
BOLEAU V. E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmer Manor
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3608-39th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmer Manor
STREET ADDRESS (If rural, give location) 3608-39th Ave

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) LESTER (Last) McCORMICK SR.
4. DATE OF DEATH (Month) SEPT. (Day) 30th (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH March 4/1883
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE
11. BIRTHPLACE (State or foreign country) NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John R. McCormick
14. MOTHER'S MAIDEN NAME Mary Shaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 219-05-1482
17. INFORMANT AND ADDRESS Mrs Lillian McCormick 3608-39th Ave Colmer Manor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept 30, 1952, that I last saw the deceased alive on August 1, 1952, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

SIGNATURE Dayton O Watkins (Degree or title) MD ADDRESS Bladensburg Md DATE SIGNED 10-1-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 10/3/1952
NAME OF CEMETERY ~~OR CREMATORY~~ WASHINGTON NATIONAL
LOCATION (City, town, or county) SUITLAND Pr. Geo. (State) MD.
DATE REC'D BY LOCAL REG. 10/2/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS Co - ADDRESS RIVERDALE Md

OCT 6 19
U. S.

3408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Heights
STREET ADDRESS (If rural, give location): 6105 Jay Street

3. NAME OF DECEASED (Type or Print) (First) David (Middle) (Last) Merritt

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ? 1890
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bricklayer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Merritt
14. MOTHER'S MAIDEN NAME: Rebecca Byrd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cerebral Edema

94 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute suppurative lepto-meningitis

(c) Stab wound of abdomen

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly, Md. Sept 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 30 Oct 1952 — NAME OF CEMETERY OR CREMATORY: Payne Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 9/28/52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Hall Bros. Ogden Hall — ADDRESS: 621 Fla. Ave. NW Washington, D.C.

SEP
BUREAU V. S.

Item 4 FilmG147 9/30/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3304 Lancer Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASH. D.C.
STREET ADDRESS (If rural, give location) 3304 - New Hampshire Ave N.W.

3. NAME OF DECEASED (Type or Print) (First) Deborah (Middle) (Last) Minchew
4. DATE OF DEATH (Month) Sept. (Day) 21 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH 9-MARCH 1952
9. AGE last birthday yrs. If under 1 year Months 6 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) DISTRICT OF COLUMBIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME THOMAS R. MINCHEW
14. MOTHER'S MAIDEN NAME JUDITH JAMS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT THOMAS R. MINCHEW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus & Spina bifida — INTERVAL BETWEEN ONSET AND DEATH: birth on

751X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Sept 21, 1952, that I last saw the deceased alive on Sept 21, 1952, and that death occurred at 1435 P m., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) MD ADDRESS College Park, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF SEPT. 22-1952
NAME OF CEMETERY OR CREMATORY WASHINGTON NAT'L.
LOCATION (City, town, or county) SUITLAND, MD. (State)
DATE REC'D BY LOCAL REG. Sept 22-1952
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W. W. CHAMBERS CO ADDRESS WASH D.C.

9V3 2 9 7 W 9 7 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 19
BUREA

Item 4 Film3147 10/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

COUNTY Prince George MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale

STREET ADDRESS (If rural, give location) 6042-46 Pl.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) William (Last) Mitchell

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 15 Sept 1952

9. AGE last birthday: 7 days yrs. IF UNDER 1 YEAR: Months, Days 7 IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Rosalie Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
1144 Immediate cause	(a)	Prematurity (810 grams)	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Bronchopneumonia	2 days
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1952, to Sept 22, 1952, that I last saw the deceased alive on 9/21, 1952, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE Benjamin S Miller (DEGREE OR TITLE) MD ADDRESS Mt Rainier DATE SIGNED 10/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF 10/2/52

NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp

LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 10/4/52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

2192192 x 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
OCT 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md Route 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jo Anne (Middle) (Last) Mullins
4. DATE OF DEATH (Month) (Day) (Year) Sept 5, 1952- 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 25, 1952
9. AGE last birthday 9 days yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Elmer Mullins
14. MOTHER'S MAIDEN NAME Vaughnell Ellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. -- --
17. INFORMANT AND ADDRESS Elmer Mullins Laurel Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

773.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville 9-5-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/7/52
NAME OF CEMETERY OR CREMATORY Mullins Cemetery
LOCATION (City, town, or county) Sneedsville Tenn (State)

DATE REC'D BY LOCAL REG 9/6/52
REGISTRAR'S SIGNATURE Amanda Downey M. Brashears
24. FUNERAL DIRECTOR L. Gaecks Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3304 LANCER DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA COUNTY ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARLINGTON
STREET ADDRESS (If rural, give location) 2629 SOUTH ADAMS ST

3. NAME OF DECEASED (Type or Print) (First) MARTIN (Middle) JAMES (Last) MUTCHLER
4. DATE OF DEATH (Month) SEPT. (Day) 14 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH OCT. 21/1951
9. AGE last birthday yrs. If under 1 year Months 0 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) WASH. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME RALPH C. MUTCHLER, JR.
14. MOTHER'S MAIDEN NAME IDA K. (UNKNOWN)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS IDA K. MUTCHLER - 2629 S. ADAMS ST ARLINGTON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inanition	Birth-10 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral degeneration	Birth-10 mos.
	(c) (Blindness)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blindness

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1952, to 9/14, 1952, that I last saw the deceased alive on 9/14, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. Kelley, MD. 6124-41st Ave Hyatts, Md. Sept 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/18/52
NAME OF CEMETERY OR CREMATORY Arlington Natl Cemetery
LOCATION (City, town, or county) (State) ~~Washington D.C.~~ Va

DATE REC'D BY LOCAL REG. 9/14/1952
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR W.W. CHAMBERS CO - ADDRESS RIVERDALE, MD

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A-5

SEP 16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cheverly Md — LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Pr. G.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capital Hgts

STREET ADDRESS (If rural, give location): Central Avenue

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
Agnes Oakley	9 27 1952	F	W	M

8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Oct. 25, 1932	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H-W		Wash. D.C.	U.S.A.

13. FATHER'S NAME: Daniel Powell

14. MOTHER'S MAIDEN NAME: Matilda Stanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frank E. Oakley 6114 Central Ave. Capitol Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

6420

Immediate cause — (a) Congestive Heart Failure. Bilateral hydrothorax

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Bilateral Cortical Necrosis of kidneys

DUE TO

(c) Toxemia of pregnancy (Hypertensive)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Premature Separation of Placenta

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 19 52, to Sept 27, 19 52, that I last saw the deceased alive on Sept 27, 19 52, and that death occurred at 4:32 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Irwin H. Grossgreen	M.D.	Mt. Rainier, Md.	9-27-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 1, 1952	Cedar Hill Cemetery	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-27-52	Amanda Downey	W. W. Chancellor	517-11th St. S.E.

SEP 30
BUREAU V.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md
LENGTH OF STAY (in this place): 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hyattsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md
STREET ADDRESS (If rural, give location): 3910 Oneida Place

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ORLO CHARLES OSBORN
4. DATE OF DEATH (Month) (Day) (Year): Sept 17 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/12/1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disable salesman
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Osborn
14. MOTHER'S MAIDEN NAME: Flora Hatfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Martin H. Osborn Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

083.0 Immediate cause (a) Parkinsons Syndrome fact

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) encephalitis — 14 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1939 to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: John P. Clum (Degree or title) M.P. ADDRESS: Hyattsville Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Transportation
DATE THEREOF: 9/18/52
NAME OF CEMETERY OR CREMATORY: Indianapolis
LOCATION (City, town, or county) (State): Indiana

DATE REC'D BY LOCAL REG.: Sept. 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Local Registrar.
24. FUNERAL DIRECTOR: Gasche Sons Hyattsville Md ADDRESS

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6316 - E Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 6316 - E Street

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) William (Last) PFORTER

4. DATE OF DEATH (Month) (Day) (Year) September 18 1952

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH March 16, 1881

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman

10b. KIND OF BUSINESS OR INDUSTRY Bakery

11. BIRTHPLACE (State or foreign country) Warsaw New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Pforter

14. MOTHER'S MAIDEN NAME Rose Pfeifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no

16. SOCIAL SECURITY NO. 577-07-3300

17. INFORMANT AND ADDRESS Pforter - 6316 - E St, NE, Wash 19 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic heart disease with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial degeneration

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1944, to 9/18, 1952, that I last saw the deceased alive on 9/18, 1952, and that death occurred at 2 30 A.m., from the causes and on the date stated above.

SIGNATURE William Brannin (Degree or title) MD ADDRESS 6124 Central Ave Capitol Hgts Md DATE SIGNED 9/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 20, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

LOCATION (City, town, or county) (State) Bowland, Md.

DATE REC'D BY LOCAL REG. 9-18-52

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR J. Wm Lee, Sons Co. ADDRESS 300-4th St. N.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 15-1

1. PLACE OF DEATH:
County PRINCE GEORGE COUNTY. MD.
City or town OXEN HILL
(If outside city or town limits, write RURAL and give nearest town)
How long in above place at death? 50 YEARS
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State M. D. County PRINCE GEORGE
City or town OXEN HILL
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5500 OXEN HILL Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME HARRY C. PROCTOR

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	MARRIED

6.(b) Name of husband or wife MARY E. PROCTOR
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77			hrs. min.

9. Birthplace CHARLES COUNTY MD. (Town, county, and state)
10. Usual occupation FARMER
11. Industry or business SELF EMPLOYED
FATHER 12. Name MILEY PROCTOR
13. Birthplace CHARLES COUNTY MD.
MOTHER 14. Maiden name BETTSIE BUTLER
15. Birthplace CHARLES COUNTY, MD.
16. Informant MARY E. PROCTOR
Address 5500 - OXEN HILL Rd; MD.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-22-52 (month) (day) (year)
Cemetery or crematory CHURCH CEMETERY
Location OXEN HILL, MD.
18. Funeral director John T. Rhines Co.
Address 901-3rd St. S.W.
19. Sept 17 1952 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17, 1952 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 1950 to Sept. 17, 1952 and that I last saw h... in alive on Sept. 14, 1952

Immediate cause of death	DURATION
Cerebral hemorrhage	1 hr
Due to Cerebral arteriosclerosis	Unknown
Due to Hypertensive cardiac disease	Yr
Other conditions	

HH IX
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Henry S. Hadley M.D.
M. D. or other
Address 1252 6th St., S.W. Date signed 9/17/52

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6310-E. St. N.E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 6310 E St.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) PULEO

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 14, 1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Stephen Puleo
14. MOTHER'S MAIDEN NAME Concetta ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Stephen Puleo 6401 - Davis St. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure due to	2 days
441X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis - Hypertention	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Congestion — 2 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to 9-11, 1952, that I last saw the deceased alive on 9-10, 1952, and that death occurred at 7:42 P m., from the causes and on the date stated above.

SIGNATURE Reuben E. Stone (Degree or title) MD ADDRESS 3417 Minnesota Ave., St. D.C. DATE SIGNED 9-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 11-52
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington (State) D.C.

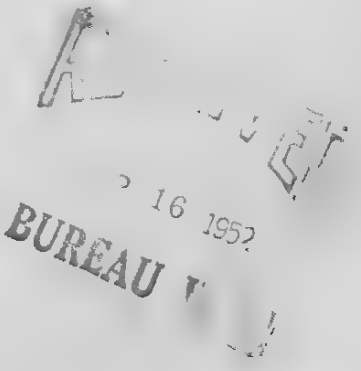
DATE REC'D BY LOCAL REG. Sept. 12-52
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Thambus Co. ADDRESS 517-11th St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1


16 1952
BUREAU

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5619-30TH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5619-30TH AVE

3. NAME OF DECEASED (Type or Print) (First) PRESTON (Middle) GARRISON (Last) REAMY
4. DATE OF DEATH (Month) Sept. (Day) 7, (Year) 1952 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 14, 1890
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME PRESSLEY REAMY
14. MOTHER'S MAIDEN NAME ANGELINA COATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-03-0089
17. INFORMANT AND ADDRESS MINA REAMY SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) adenocarcinoma Stomach with metastases — INTERVAL BETWEEN ONSET AND DEATH 6 months

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar. 17, 1952
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Stomach with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1952, to Sept. 7, 1952, that I last saw the deceased alive on Sept. 7, 1952, and that death occurred at 3:25 P m., from the causes and on the date stated above.

SIGNATURE C. Wm. Camalier, Jr. (Degree or title) I. ADDRESS 1701-Eye St. N.W. DATE SIGNED 9/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/7/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Sept 7, 1952
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Lee Funeral Home, ADDRESS Wash. D.C.

SEP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Pr Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 315 Compton Ave

3. NAME OF DECEASED (Type or Print) (First) CHESTER (Middle) RANDOLPH (Last) RINKER SR.
4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-7-1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Telephone Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME EARL W. RINKER
14. MOTHER'S MAIDEN NAME Anna Rinker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS C. R. Rinker Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial asthma — 19 mo

(c) Myocardial — Chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1951, to 9/21, 1952, that I last saw the deceased alive on 9/21, 1952, and that death occurred at 11:35 m., from the causes and on the date stated above.

SIGNATURE N B Howard (Degree or title) ADDRESS 314 Compton ave Laurel Md DATE SIGNED 9/22/52

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 9-24-52 — NAME OF CEMETERY OR CREMATORY David Ridge — LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REG. Sept 24-52 — REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Dewitt Donaldson — ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the [illegible]uses of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 3 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainey
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General	STREET ADDRESS (If rural, give location) 3228 Shepherd St.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) S (Last) Room

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9-25-85

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm H Stultz

14. MOTHER'S MAIDEN NAME: Ida Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CORONARY Thrombosis	2 days
190X Antecedent cause(s)	DUE TO (b)	generalized Carcinomatosis	2 months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Carcinoma of BREAST	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Left Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19[illegible], to Sept, 1952, that I last saw the deceased alive on 9-14, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Benjamin S. Miller M.D. — DATE SIGNED: Sept 14 1952

23. BURIAL, CREMATION REMOVAL (Specify): transportation — DATE THEREOF: 9/15/52 — NAME OF CEMETERY OR CREMATORY: Atlantic New — LOCATION (City, town, or county) (State): Manasquan N.J.

DATE REC'D BY LOCAL REG.: 9/15/52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F Gaschasons Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-7-15 8-51

SEP 16 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 3410 - 42 ave

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) Sedgwick

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 24, 1871
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Maude Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Evelyn O'Connell Colmar Manor, Md 3410-42 ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

442X
Immediate cause (a) Congestive Heart Failure
DUE TO
Antecedent cause(s) (b) Hypertensive Cardio-renal disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to 9/6, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
George Hageage M.D. 3717-38th Ave Cottage City Md 9/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9-9 1952
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9-6-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Robert A Mattingly
ADDRESS Wash D.C.

RECEIVED
SEP 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5424 - Varnum St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Serey

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/25/1952

9. AGE last birthday: 20 hrs. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 20 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reynolds Serey

14. MOTHER'S MAIDEN NAME: Annabelle Scherer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Erythroblastosis fetalis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: birth a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25, 1952, to 9/25/52, 19 .., that I last saw the deceased alive on 9/25, 1952, and that death occurred at 8 55 PM, from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) MD ADDRESS College Park Md DATE SIGNED 9/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/26/1952

NAME OF CEMETERY OR CREMATORY Mt.Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/26/52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. F. Costello ADDRESS 1722 - N.Capitol St.,Wash.,D.C.

209 - 282384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP
BUMAJ V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Washington D.C.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5702 Allentown Rd S E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Washington D.C.; STREET ADDRESS (If rural, give location) 5702 Allentown Rd S E.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Alfred (Last) Smith

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 27 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm

11. BIRTHPLACE (State or foreign country): Prince George Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Smith

14. MOTHER'S MAIDEN NAME: Marion Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Estelle Mabel (daughter) 5450 Allentown Rd S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Renal disease — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertrophy of Prostate — unknown

(c) Acute Cystitis — onset Aug 1952

605X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Cause

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952 to Sept 12, 1952 that I last saw the deceased alive on Sept 11, 1952 and that death occurred at 11 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul C Van Hatten M.D. 5440 Silver Hill Rd Washington 19 D.C. Sept 12 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept. 15-52

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG: Sept 12-52

REGISTRAR'S SIGNATURE: Howard J Buell

24. FUNERAL DIRECTOR: Simmons Bros. ADDRESS: 2007 Nichols Ave S E Wash. D.C.

RECEIVED
SEP 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a woods

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Smith

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 52 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8/15/22
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Smith
14. MOTHER'S MAIDEN NAME Mary Joanna Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Smith, Croome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

976 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shot gun wound in the left chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Woods (CITY OR TOWN) Croome (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 15 (Year) 52 (Hour) 10:30 A
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Shot self in the chest

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/15/52
NAME OF CEMETERY OR CREMATORY Rollings Funeral Home
LOCATION (City, town, or county) 4339 Hunt Place N.E. Washington D.C. (State)

DATE REC'D BY LOCAL REG. 9/15/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

9/17/52 John J. Danner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY PRINCE Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS LELAND MEMORIAL Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PRINCE Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8700 - 49 Ave

3. NAME OF DECEASED (Type or Print) (First) ADA (Middle) MARGARET (Last) SPIES
4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 16 Sept 1891
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt
11. BIRTHPLACE (State or foreign country) Oxon Hill Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Creamer
14. MOTHER'S MAIDEN NAME Margaret ELIZABETH Crist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MARGARET NUSSBAUM College Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma - Rt Lung & Ribs

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA Rt. BREAST (REMOVED)

(c)

INTERVAL BETWEEN ONSET AND DEATH 7-8 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JAN, 1949, to Aug, 1952, that I last saw the deceased alive on 31 Aug, 1952, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE Ch. Etienne (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 9-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 3 1952
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Maryland

DATE REC'D BY LOCAL REG. Sept. 1" 1952
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar
24. FUNERAL DIRECTOR THE S.H. HINES CO. ADDRESS 2901-14TH ST. N.W. WASH., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 2 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly — LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2800 Crest Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Ontario Canada — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Guelph
STREET ADDRESS (If rural, give location): R R 2

3. NAME OF DECEASED (Type or Print) (First) Bella (Middle) (Last) Stewart
4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 12. 1885
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home.
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? Canada
13. FATHER'S NAME: George Morrison
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Dr George Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary artery disease

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

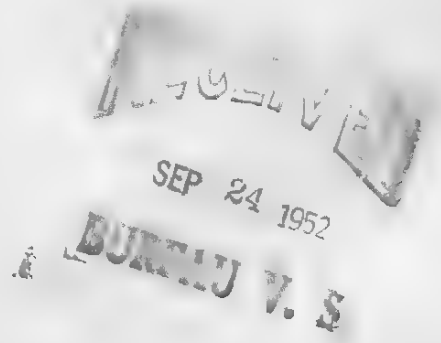
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly, Md. 9-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 9/23/52 — NAME OF CEMETERY OR CREMATORY: Guelph Ontario — LOCATION (City, town or county) (State): Canada
DATE REC'D BY LOCAL REG.: 9/23/52 — REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F. Gascho sons Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


SEP 24 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1839 5th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Walter	R.	Thomas	9	8	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	MARRIED	1-2-19	33 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck driver	Capitol Furniture Co.	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Arthur Thomas	Catherine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes 1939-1941	579-14-6634	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
0027 Immediate cause	(a) Pulmonary Tuberculosis	89 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-18, 1952, to 9-9, 1952, that I last saw the deceased alive on 9-8, 1952, and that death occurred at 3:45A m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pincura (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED 9/9/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/15/52	Woodlawn Cemetery	Washington, D.C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/9/52	Roe Wren	Malvaux & Selvey, Inc.	4124 B St. S.E.

SEP 16 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hill
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Iffen Marlboro

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5320 - 7 Street N.E.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Fannie (Last) Townsend
4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: July 27 1920
9. AGE last birthday: 32 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sidney D. Townsend
14. MOTHER'S MAIDEN NAME: Mary Belle Leach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Hazel Green - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure
490X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar pneumonia
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James F. Boyd M.D. ADDRESS Forestville Md. DATE SIGNED 9/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 18 1952 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Sept 15 1952 | REGISTRAR'S SIGNATURE John F. Tanner. | 24. FUNERAL DIRECTOR Morrow & Woodford | ADDRESS 1622 11th St. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS None 6001 Taylor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Dade
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tampa.
STREET ADDRESS (If rural, give location) 103 S. Westland Ave. X

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) Clifford (Last) Turner
4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1952
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5 Aug. 1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Foreman
10b. KIND OF BUSINESS OR INDUSTRY Federal Govt.
11. BIRTHPLACE (State or foreign country) Lawrence Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George ? Turner
14. MOTHER'S MAIDEN NAME Emily Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Ethel M Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	12 hrs.
332x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis with hemiplegia	1 month.
	(c) Generalized Arteriosclerosis	Since 1933

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis (angina syndrome) Since 1933

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1934, to 19 Sept., 1952, that I last saw the deceased alive on 19 Sept., 1952 and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas E Mattingly, MD 2200 R.I. Ave. N.E. Wash. 18, D.C. 19 Sept. 52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/22/52
NAME OF CEMETERY OR CREMATORY St Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Sept. 22, 1952
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gascheson Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

SEP 24 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234 105

1. PLACE OF DEATH COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek — LENGTH OF STAY (in this place): 56 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Caroline	(Middle) Marbury	(Last) Underwood	4. DATE OF DEATH	(Month) September (Day) 16 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: Aug. 31, 1866	9. AGE last birthday: 86 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Piscataway Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Francis Oscar Medley	14. MOTHER'S MAIDEN NAME: Harriet Harris				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: —	17. INFORMANT AND ADDRESS: Mrs Leo Gosnell, Accokeek Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
443X Antecedent cause(s)	(b) Chronic Hypertensive Heart Disease	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1952, to Sept 16, 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 10 06 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank G. Susanka		Indian Head Md	9-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/19/52	NAME OF CEMETERY OR CREMATORY: Christ Church	LOCATION (City, town, or county) (State): Accokeek Md.
DATE REC'D BY LOCAL REG.: 9-18-52	REGISTRAR'S SIGNATURE: M. L. Monroe	24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf Md	ADDRESS

9-30-52 Howard Beall

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 30
BUREAU V. S.

COPY SENT TO
DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Glenn Dale
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural)
LENGTH OF STAY (in this place) 434 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D. C., Washington
STREET ADDRESS (If rural, give location) 1410 Columbia Street NW

3. NAME OF DECEASED: (Type or Print) (First) ERMA (Middle) (Last) WAGES
4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-24-16
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Isaac Brown
14. MOTHER'S MAIDEN NAME: Lou Helen Hillman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: 579-20-0485
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

OC2X

Immediate cause (a) Pulmonary Tuberculosis. — INTERVAL BETWEEN ONSET AND DEATH 19 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1951, to 9-26, 1952, that I last saw the deceased alive on 9-26, 1952, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 9/26/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 9/27/52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington (State) D.C.

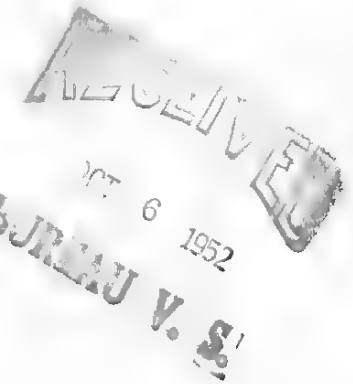
DATE REC'D BY LOCAL REG. 9/27/52 REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR The McGuire Funeral Service ADDRESS 1820-20 [illegible] St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1


OCT 6 1952
BUREAU V. S.

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID 8-51

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
STREET ADDRESS (If rural, give location) 2404 - 59th St.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) R. (Last) Watts

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-22-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retirement Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Potomac Electric Power Co
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Watts
14. MOTHER'S MAIDEN NAME: Mattie Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4220
Immediate cause (a) Acute heart failure
DUE TO
Antecedent cause(s) (b) Arteriosclerotic heart disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1952 to 9/26, 1952, that I last saw the deceased alive on 9-26, 1952, and that death occurred at 10 44 A.m., from the causes and on the date stated above.

SIGNATURE: K. L. Bauer (DEGREE OR TITLE) M.D. ADDRESS: 4314 Gallatin St. Hyattsville, Md. DATE SIGNED: 9/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/29/52
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md
DATE REC'D BY LOCAL REG.: 9-28-52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F. Gaschs sons Hyattsville Md
ADDRESS:

RECEIVED
SEP 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AIR 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly.
LENGTH OF STAY (in this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY PRINCE George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4707 - Woodbury - Rd

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) Weaver.

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8 Sept 1952

9. AGE last birthday: v yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 5, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Weaver

14. MOTHER'S MAIDEN NAME: Hilda Runion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 hr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:35 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John P. Clum M.D. Hyattsville Md 9-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 9/16/52 — NAME OF CEMETERY OR CREMATORY Prince George's Co Hosp — LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 9/20/52 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Harry W Penn Jr — ADDRESS Supt

20922542 5V

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Heights
LENGTH OF STAY (In this place): 1 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6021 Sheriff Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Heights
STREET ADDRESS (If rural, give location): 6021 Sheriff.

3. NAME OF DECEASED (Type or Print): (First) Teresa (Middle) Ruth (Last) Wedge

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-30-52

9. AGE last birthday: yrs. If under 1 year: Months 1 1/2 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edw. Wedge

14. MOTHER'S MAIDEN NAME: Christobel Grace Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute inanition.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined X.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly, Hyattsville, Md. 9-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9.16.52 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 9/16/52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Robert J. McClure — ADDRESS: 1820-9 St, N.W. Wash. D.C.

9V7293199V Carrie F. Campbell

SEP 19 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AT

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 2 Months 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dist.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Charles & 34th Cambridge Apts.

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) (Last) WEST

4. DATE OF DEATH: (Month) 9- (Day) 27 (Year) 1952

5. Female | 6. COLOR OR RACE: White | 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single | 8. DATE OF BIRTH: 7-21-1878 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist | 10b. KIND OF BUSINESS OR INDUSTRY: Oil Paintings | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: Joseph S. West | 14. MOTHER'S MAIDEN NAME: Kate Hay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) Unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs Lawrence A. Naylor, Boyce Ave Ruxton 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	Several Years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Endocarditis	" "
	(c) General Arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1950, to Sept 27, 1952, that I last saw the deceased alive on Sept 26, 1952 and that death occurred at 3.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jesse Coggins M.D. | Laurel Md | Sept 27 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9 - 29 - 52 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 9/29/52 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 Eutaw Pl. | ADDRESS: J O Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Prince Georges

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Glendale MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Libly	(Middle) M.	(Last) Williams	4. DATE OF DEATH	(Month) Sept	(Day) 21	(Year) 1952
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9/14/1861	9. AGE last birthday 61 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME Joseph Bryan	14. MOTHER'S MAIDEN NAME Plena Johnson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of [redacted]) —	16. SOCIAL SECURITY No.	17. INFORMANT Ethel Briggs					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral vascular accident; left hemiplegia	22 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Years (?)
	(c) Arteriosclerosis, generalized	" (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1952 to 9/21, 1952 that I last saw the deceased alive on 9/20, 1952, and that death occurred at 5 35 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H James Kurtz	M.D.	RFD, Bowie Md.	9/21/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial ~~Removal~~	9-24-52	Glendale Cemetery	Glendale	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-21-52	Carrie F. Campbell	Rollins Funeral Home	4339 Hunt Pl N.E. W.D.C.

MARGIN RE[redacted]RVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU OF

96 /

248

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 20 O.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Winfield (Last) Williams

4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 26, 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY U. of Md
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert L. Williams
14. MOTHER'S MAIDEN NAME Ellen Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-14-1444
17. INFORMANT AND ADDRESS Wife — same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock.

102.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing injuries of chest,

(c) abdomen and pelvis -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) School Building (CITY OR TOWN) Collice Park (COUNTY) Prince Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-11-52 - 11.15 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell to ground from 2nd story

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly, Md. DATE SIGNED 9-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-14-52
NAME OF CEMETERY OR CREMATORY Locust Chapel
LOCATION (City, town, or county) (State) Atholton, Md.

DATE REC'D BY LOCAL REG. 9/12/52
REGISTRAR'S SIGNATURE John B. Tongheau
9/22-52 Ver. B.C.L. James E. Severe -

24. FUNERAL DIRECTOR F.C.Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

33 Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN River dale, Maryland
STREET ADDRESS (If rural, give location) 6417 - Taylor Road

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Waddey
4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Feb. 28, 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Govt Printing Office
11. BIRTHPLACE (State or foreign country): Louisanna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hodson
14. MOTHER'S MAIDEN NAME: Laura Shoyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

4250

Immediate cause (a) Congestive Heart failure, chronic
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Arteriosclerotic Heart
DUE TO
(c) & kidney disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952 to 9/2, 1952, that I last saw the deceased alive on 9/2, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE George J. Hagcage M.D. (DEGREE OR TITLE) ADDRESS 3717 38th St. Cottage City Md. DATE SIGNED 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/6/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 9/5/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Gasche sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]9798

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 37 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2836 Robinson Place Southeast

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) M. (Last) YOUNG

4. DATE OF DEATH: (Month) Sept. (Day) 6. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10. 8. 1916

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child's nurse

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Eugene Young

14. MOTHER'S MAIDEN NAME: Christiana Estep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary tuberculosis, far advanced — Interval between onset and death: 8 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.30., 1952, to 9.6., 1952, that I last saw the deceased alive on 9.6., 1952 and that death occurred at 10.10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel L. D. Pincans M.D. 9/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 9/6/52

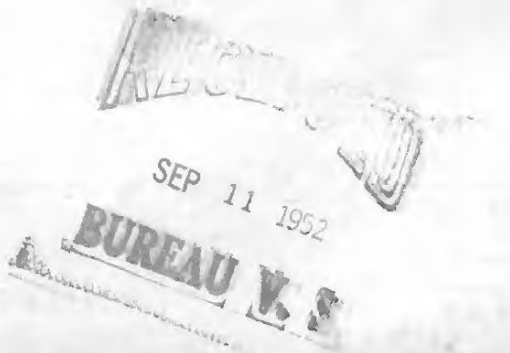
NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 9/6/52

REGISTRAR'S SIGNATURE Noel Wern

24. FUNERAL DIRECTOR John T Rhines Co ADDRESS Washington D.C. 3rd & Eve Sts S.W.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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md. LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 12611 Flack ST

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) LEE (Last) Zwergal
4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 8, 1914
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor
10b. KIND OF BUSINESS OR INDUSTRY Bureau of Internal Revenue
11. BIRTHPLACE (State or foreign country) Chillum Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles A. Gude
14. MOTHER'S MAIDEN NAME Gertrude Gude Chapman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war, or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Walter Zwergal Silver Springs Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MALNUTRITION, ASCITES, PLEURAL Effusion	3 mo
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ADENOCARCINOMA OF BREAST	2 yrs
	(c) Multiple carcinomatosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1952 to Sept 29, 1952 that I last saw the deceased alive on Sep 29, 1952, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rowland F. Wilkinson MD ADDRESS 4404 Queensbury Road Riverdale Md DATE SIGNED 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/2/52 NAME OF CEMETERY OR CREMATORY LF Lincoln LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. Oct. 1, 1952 REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Reg.)
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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